REPORT TO THE
TWENTY-FIRST LEGISLATURE
STATE OF HAWAII
2002

ON SENATE CONCURRENT RESOLUTION NO. 196 SD1, 2000 SESSION, REQUESTING REVIEW AND RECOMMENDATIONS FROM THE DIRECTOR OF HEALTH ON THE TRANSITION OF HAWAII STATE HOSPITAL TO A SECURED PSYCHOSOCIAL REHABILITATION FACILITY

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STATE OF HAWAII
DECEMBER 2001

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Executive Summary

This report reviews outcome indicators for individuals receiving community-based services from the Adult Mental Health Division (AMHD) and includes reviews of individuals who report being homeless, arrested, jailed, employed, or living independently. Additionally, the report presents information on the number of individuals receiving extensive mental health services and reviews AMHD caseload information including the number of individuals admitted to services and discharged from services as well as those receiving services during FY 2001.

Outcome indicators continue to show no negative trends during the past year in any measurement area including indicators of social importance to community stakeholders (i.e., tracking of homelessness or interactions with the criminal justice system). Overall, when compared to national benchmarks in areas of homelessness, involvement with the criminal justice system, employment, and independent living, the outcome indicators reviewed for the AMHD are consistent with, or slightly better than, the data reported nationally by other state mental health agencies.

Overview

During the 2000 Legislative Session, the Legislature passed Senate Concurrent Resolution 196, Senate Draft 1 (SCR 196 SD 1), asking the Department of Health to report to the Legislature annually, over a three year period, the effectiveness of strategies to provide treatment and outreach to adults with serious mental illness in order to decrease homelessness, decrease involvement with the criminal justice system, and to decrease hospitalization. In addition, the Department was given the opportunity to report on the evaluation of services using other measures defined by the Department. The evaluation is also to include reporting of the number of persons served, the number able to maintain housing, and the number receiving extensive community mental health services. The report shall also notify the Legislature of contracts awarded to private providers. The following report is submitted to the Legislature in fulfillment of the second year of this requirement.

The Number of Persons Served and Those Requiring Extensive Services

The Adult Mental Health Division (AMHD) of the Department of Health provides services to adults with serious mental illness. People with a serious mental illness show impaired functioning in thought, emotions or behavior such that they are not able to live independently without supportive treatment or services of a long-term or indefinite duration. In these persons, mental disability is severe and persistent, resulting in a long-term limitation in their functional capacities for primary activities of daily living such as interpersonal relationships, self-care, homemaking, employment, and recreation. If such an individual is in need of a comprehensive system of care in order to function in the community, the individual is eligible for AMHD services. Figure 1, on the next page, shows the general diagnostic breakdown of individuals served by the AMHD, as classified by diagnostic categories used in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Version IV (DSM IV).

Consumers served by the Adult Mental Health Division include those served at Hawaii State Hospital (HSH), Community Mental Health Centers (CMHCs) located statewide, and through a statewide network of contracted purchase-of-service (POS) providers. Appendix I shows the current contracts awarded to private providers.

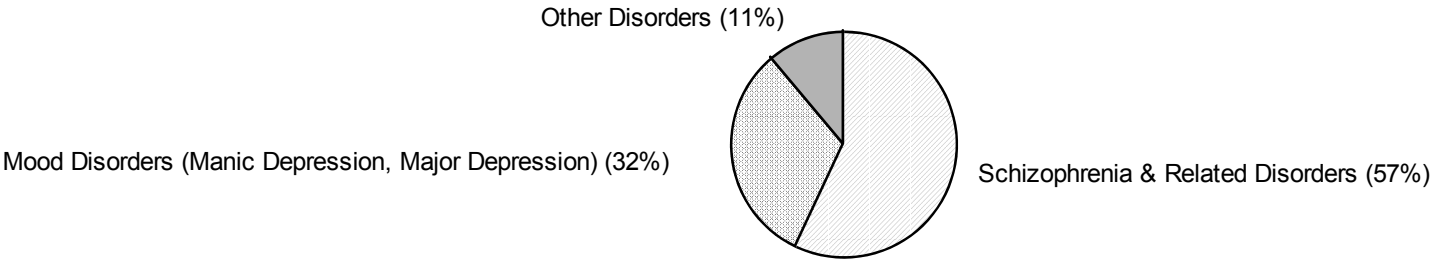

Figure1. Diagnostic profile of individuals served by the AMHD

During Fiscal Year 2001 (July 1, 2000 through June 30, 2001) the AMHD served 304 individuals at HSH, 3639 at CMHCs, and approximately 800 persons through POS providers.

Four CMHCs serve the counties of Oahu, Hawaii, Maui, and Kauai. Each CMHC has multiple service delivery sites throughout its county. Table 1 shows the number of individuals admitted to and discharged from CMHC services during FY 2001. An average of 79 individuals per month were admitted to CMHC services, while an average of 76 individuals per month were discharged.

CMHC	FY '01 Totals	Avg Per Month
Total Admissions	949	79
Discharges	918	76

Table 1. Number of individuals admitted and discharged from CMHC services

Table 2, on the next page, shows that 72% of individuals admitted to services were newly admitted individuals while 28% represent readmissions following some earlier period of service. Of the individuals newly admitted to service, the large majority of individuals (90%) were unknown to the AMHD (i.e., had no previous history of having received services) while 10% of new admissions had previously received services at another CMHC (i.e., from another county). These last percentages are calculated from the data presented in Table 3.

CMHC	FY '01 Totals	Avg Per Month
New Admissions	685	57.1
Readmissions	264	22

Table 2. Number of new admissions vs. readmissions to CMHC services.

CMHC	FY '01 Totals	Avg Per Month
New to AMHD	614	51
New to Center	71	6

Table 3. Number of individuals admitted who are new to AMHD vs. new to a CMHC.

During FY 2001 a total of 169 individuals were admitted to HSH and a total of 185 admissions occurred (some individuals were admitted more than once during the year). Of these 185 admissions, 90 were first-time admissions and 95 were readmissions. For those 95 individuals readmitted to HSH, the average time outside of the hospital prior to readmission was 1243 days, or an average of 3.4 years.

During FY 2001, 159 individuals were discharged from HSH and the total number of discharges was 170 (some individuals were discharged more than once during the year).

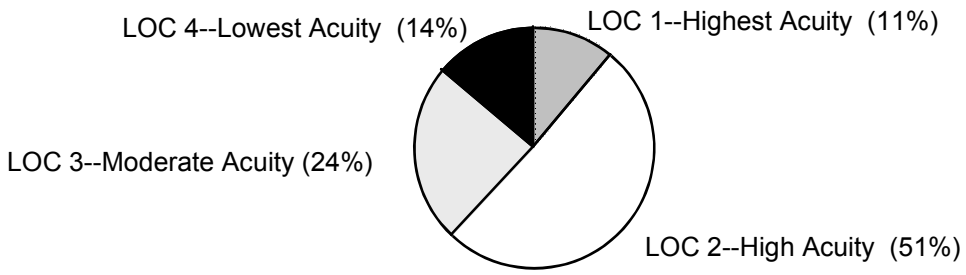

Figure 2. Proportion of individuals served receiving extensive CMHC services

In FY 2001, 3529 individuals served at CMHCs were assigned level of care score (LOC). Figure 2 shows that 62% were assigned a LOC score of either 1 or 2. A LOC score corresponds to the services needed by an individual. Individuals at LOC 1 and 2 need extensive community

mental health services. Individuals with an assigned LOC score of 1 are more ill, display lower levels of functioning and have the greatest need for community support services while individuals with higher LOC scores are more independent, mobile, and need less support to live successfully in the community.

Measurement of Outcomes in Areas of Housing, Homelessness, and Law Enforcement

A major initiative was undertaken during Fiscal Year 2000 to define and collect significant outcome measures reflecting quality of life from a consumer perspective using the *Lehman Quality of Life Interview* (QOLI; Lehman, 1988). The QOLI is a consumer self-report interview that is administered in-person and was developed specifically for use with adults with serious mental illness. It provides a broad-based assessment of life experiences in eight general areas: living situation, daily activities and functioning, family relations, social relations, finances, work and school, legal and safety issues, and health. The psychometric properties of the QOLI have been extensively documented (see Lehman, Postrado, & Rachuba, 1993). In this analysis, we focus on data from the QOLI in areas of homelessness, housing, and legal issues.

Consumers complete the QOLI at admission and at the time of discharge from services. In addition, for those individuals continuing to receive services for an extended period of time, the QOLI is completed every six months. During FY 2001 only consumers receiving services at CMHCs completed the QOLI on a regular basis. During FY 2002, QOLI responses will also be regularly collected from POS providers.

In 1998, the Research Institute of the National Association of State Mental Health Program Directors (NASMHPD) compared a number of performance indicators for public mental health systems across the five states of Colorado, Illinois, Massachusetts, South Carolina, and Texas. These states were systematically selected for review because of diversity of geography, organizational structure, funding and service systems, managed care implementation, sub-groups served, and level of development of performance information systems. The resulting report, *"Five State Feasibility Study on State Mental Health Agency Performance Measures",* provides a source of national benchmarks for service evaluation comparison to the outcomes from Hawaii and is referenced several times in this report.

Figure 3 shows that approximately 4% of those individuals receiving services at CMHCs report being homeless. Of these 4%, approximately 40% report being homeless and without shelter while about 60% report having shelter. The NASHMPD Research Institute reports a 3% rate of homelessness for adults receiving mental health services.

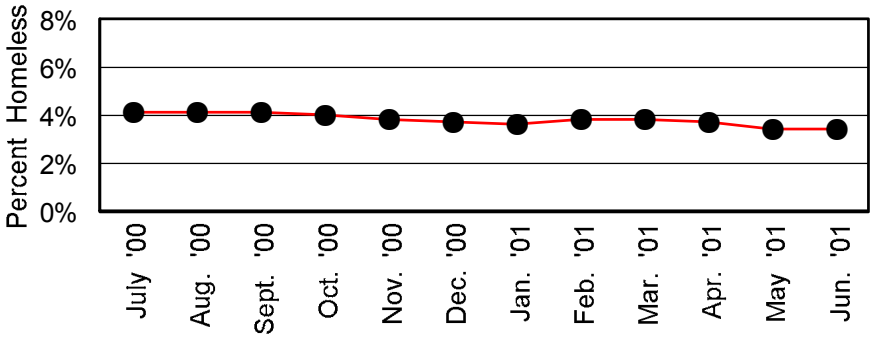

Figure 3. Percent of CMHC consumers reporting homelessness on the QOLI.

Another important outcome is that of minimizing involvement of consumers with the criminal justice and legal system. Consumers report whether they have been arrested during the six-month period preceding the QOLI and if they have spent a night in jail during the same six-month period. Figure 4 shows the proportion of persons served at CMHCs reporting an arrest (4.3%) or spending a night in jail (3.5%). Data from the NASMHPD Research Institute show that an average of 10% of consumers report involvement with the criminal justice system.

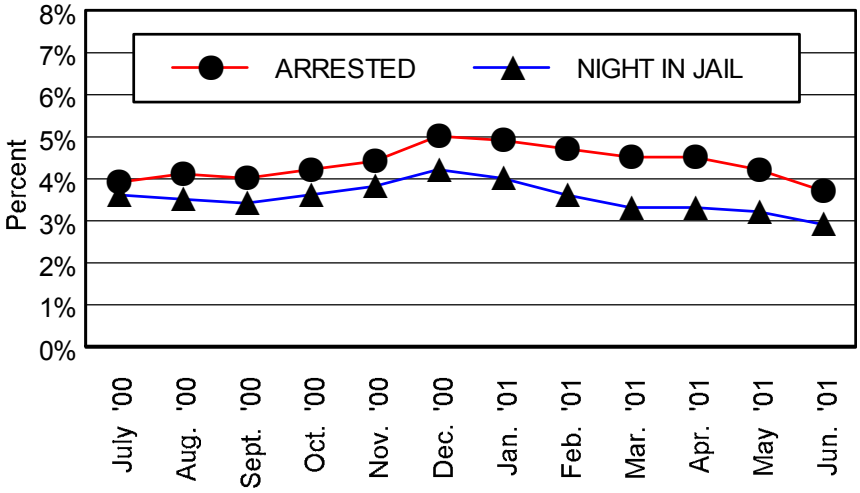

Figure 4. Percent of CMHC consumers reporting an arrest or spending a night in jail.

Approximately 63% of consumers served by the CMHCs are able to live with some independence in the community. Figure 5 shows that over 40% of consumers live independently in the community and another 20% are able to live semi-independently (i.e., with some supervision and support but also with freedom of independence during portions of each day). The majority of other consumers live in 24-hour supervised housing (16%) or in other types of structured living situations (17%). These numbers have remained stable since last year.

Figure 5. Percent of CMHC consumers reporting living independently in the community or semi-independently.

Measurement of Other Outcome Areas

Two other key measures of outcome when serving adults with serious mental illness are rate of employment and satisfaction with services. Figure 6 shows the percentage of individuals who report either full or part-time paid employment on the QOLI. In general, of the 19% reporting paid employment, 42% report full-time employment and 58% report part-time employment. Results from the NASMHPD Research Institute showed that nationally 15.4% of people with mental illnesses in State systems were employed.

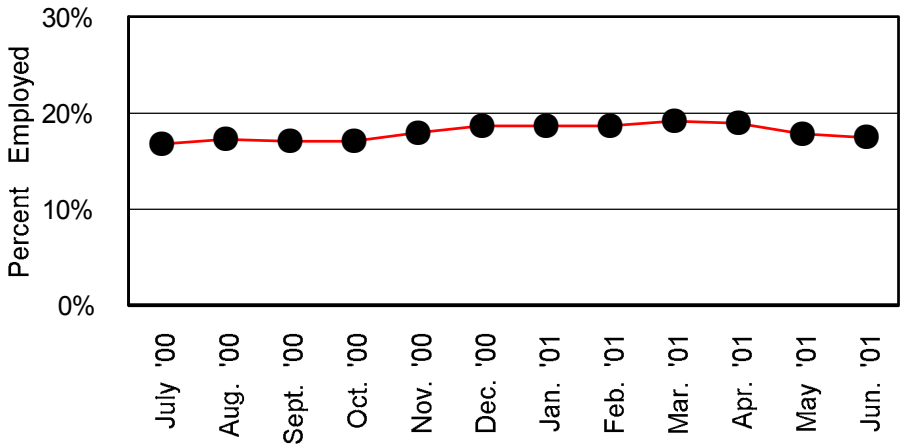

Figure 6. Percent of CMHC consumers reporting either full or part-time paid employment.

Many of the direct effects of mental illness are felt subjectively, therefore it can be difficult to measure outcome using standardized measures. For this reason, consumer satisfaction with services is considered to be a primary treatment outcome measure when examining the success or failure of mental health treatment. The AMHD regularly surveys consumer satisfaction with treatment services at CMHCs annually. Each year, all consumers who are ongoing in treatment are given the opportunity to complete an anonymous consumer satisfaction survey.

Completed past surveys are regularly returned by approximately 40% of the AMHD consumers receiving outpatient services. This rate of return is typical of mail surveys and exceeds rates of return by states participating in the NASMHPD Research Institute study, where consumer satisfaction response rates ranged from 15%-38%.

This fiscal year marks the adoption of the MHSIP (Mental Health Statistic Improvement Program) Consumer Satisfaction survey. Pertinent results will be included in next year's report, as data collection is currently underway.

Summary

This report reviews outcome indicators for individuals receiving community-based services from the AMHD and includes reviews of individuals who report being homeless, arrested, jailed, employed, and living independently. Additionally, the report presents information on the number of individuals receiving extensive mental health services and reviews AMHD caseload information, including the number of individuals admitted to services, the number of individuals discharged from services, and those receiving services during FY 2001.

Outcome indicators are comparable to FY 2000, and showed no significant negative trends in areas of social importance to community stakeholders (i.e., tracking of homelessness or interactions with the criminal justice system). Overall, when compared with national benchmarks in areas of homelessness, involvement with the criminal justice system, employment, and independent living, the outcome indicators reviewed for the AMHD are consistent with the data reported nationally by other state mental health agencies (NASMHPD Research Institute, 1998).

Appendix 1 provides a listing of contracted services designed to complement the existing AMHD system of care and further development of this comprehensive system of care should lead to improvement in the outcome measures identified.

References

Lehman, A.F. (1988). A quality of life interview for the chronically mentally ill. Evaluation and Program Planning, 11, 51-62.

Lehman, A.F., Postrado, L.T., & Rachuba, L.T. (1993). Convergent validation of quality of life assessment.

National Association of State Mental Health Program Directors Research Institute. (1998, September). *Five State Feasibility Study on State Mental Health Agency Performance Measures: Final Report.* Alexandria, VA

Appendix 1

LISTING OF CONTRACTS AWARDED TO PURCHASE-OF-SERVICE PROVIDERS

ADULT MENTAL HEALTH DIVISION

CONTRACTED SERVICES

(Revised November 13, 2001)

Island	Type of Service and Description	Agency Name, Contact Person and Number
Statewide	Respite care services to benefit families who are the primary caregivers of consumers. The primary beneficiary is the family caregiver. Services include community based leisure and recreational activities and 24-hr. short term residential care at the Provider's group home res. facility which is staffed 24-hrs./day. Max. length of stay – 5 days.	Mental Health Kokua
	Independent living residential services. Program does not provide clinical services. Overall responsibility is to acquire, develop, own, and manage housing suitable for consumers; seek various funding sources to finance the homes; construct and renovate new housing projects.	Steadfast Housing Development Corporation
	Peer support services to consumers of mental health services who need support and education to maintain themselves in the community. Services include emotional and psychological support to help the consumer cope with day-to-day problems and long-term adjustments of daily living in the community.	United Self Help
Oahu	24 hr. residential rehabilitation services, inclusive of medication supervision, life skills training, counseling, educational, recreational, and vocational programs.	Alternative Structures International, dba Raphael House at Kahumana Community Center
	24 hr., 8-16 hr. therapeutic (rehabilitative) group home services: Max. length of stay for 24 hr. ther. Group home – 6 mths./consumer; for 8-16 hr res. Services – length of stay should not exceed 2 yrs.	Waianae Coast CHMC, Inc. Po'ailani, Inc SHDC
	Dual diagnosis services for individuals with co-existing conditions of mental illness and substance abuse. Services include, residential, day program, and intensive outpatient services.	Po'ailani, Inc. Hawaii Alcoholism Foundation, dba The Sand island Treatment Center
	Crisis intervention services, inclusive of telephone crisis hotline, mobile crisis outreach, and crisis shelter services. Three shelter locations: Salt Lake, Aiea, and Foster Village.	Helping Hands Hawaii

Island	Type of Service and Description	Agency Name, Contact Person and Number
	Assertive Community Treatment (ACT) Services. Service objective is to divert consumers from hospitalization and the criminal justice system. Services, inc. mobile outreach clinical services to consumers who need intensive services over and above the normal level of services available in the Clinics.	Progressive Community Treatment Service
	Diversion Services.	Progressive Community Treatment Service
	Specialized supported housing and case management wrap-around services.	Physically Disabled & Mentally Ill Care (PDMI)
	Forensic Stepdown Program Services. Psychiatric rehabilitation services for forensic consumers discharged from the Hawaii State Hospital (HSH) or diverted from admission to HSH. Services include, but not limited to assessment, treatment, medication monitoring and skill building.	Progressive Community Treatment Service
	Community-based intervention fund services.	Progressive Community Treatment Service
	Representative payee services for the homeless. Money management services, inclusive of referring and linking consumers to CMHC and Social Security Administration and providing an accounting system for receiving and disbursing consumer funds for needs, i.e., food, rent, clothing, etc.	Progressive Community Treatment Service
	Representative payee services. Money management services, inclusive of referring and linking consumers to CHMC and Social Security Administration and providing an accounting system for receiving and disbursing consumer funds for needs, i.e., food, rent, clothing.	Progressive Community Treatment Service
	Partial hospitalization and intensive outpatient program. Structured psychiatric tx. Combined with rehab. services for SMIs who are acutely symptomatic or who recently experienced a crisis episode. Service time duration (hrs., days) dependent upon the individuals functioning level. Avg. length of stay – 2 to 4 wks.	Queen's Medical Center Day Treatment Services
	Supported housing program which allows consumers to live independently and in permanent housing. Three program components, which includes, supported housing and supported employment services and a consumer resource fund program.	Steadfast Housing Development Corporation

Island	Type of Service and Description	Agency Name, Contact Person and Number
	Culturally sensitive case management services for individuals with serious mental illness of diverse ethnicity whose English skills are limited.	Susannah Wesley Community Center
	Outpatient mental health services for mentally ill individuals which includes psychiatric treatment and a clubhouse program.	Waianae Coast CHMC, Inc.
	Outreach and Case Management Services for the Homeless on the island of Oahu, in the service areas of K-P, Central Oahu, and Windward Oahu.	Kalihi-Palama Health Center
	Homeless Treatment Services, inclusive of outpatient tx. Services for homeless, inc. assessment, C.M., crisis stabilization, medication evaluation, prescription and maintenance, care coordination, tx. , and d/c planning.	Kalihi-Palama Health Center
	Homeless outreach and case management services to the seriously mentally ill individuals in the area from Sandy Beach through Nuuanu Ave. and the Honolulu International Airport.	Waikiki Health Center
	Psychiatric inpatient services.	Sutter Health Pacific dba Kahi Mohala
Oahu, Hawaii	24 hr., 8-16 hr. therapeutic (rehabilitative) group home services: 24 hr. therapeutic group home max. stay – 6 mths/consumer; 8 – 16 hr. ther. Group home – not to exceed 2 yrs.	Mental Health Kokua
Hawaii	Rehabilitation supportive employment program for mentally ill adults.	Brantley Center, Inc.
	Homeless outreach program in East and West Hawaii consisting of case finding, outreach, and case management services.	Roman Catholic Church
	Crisis intervention services, inclusive of telephone crisis hotline and mobile outreach, and crisis shelter services.	Hawaii Community Health Service
	Community Crisis Stabilization Beds on Hawaii	Hawaii Community Health Service
	ACT. Service objective is to divert consumers from hospitalization and the criminal justice system. Services inc. mobile outreach clinical and residential services to consumers who need intensive services over and above the normal level of services available in the CMHCs.	Hawaii Community Health Service

Island	Type of Service and Description	Agency Name, Contact Person and Number
	Forensic Diversion Case Management in West Hawaii. Service objective is to enhance consumers recovery and divert consumers from possible encounters with the criminal justice system or unnecessary hospitalization.	Hawaii Community Health Service
	Crisis stabilization beds on West Hawaii.	Mental Health Kokua
Kauai	Homeless outreach services which include outreach, case management and representative payee services.	Episcopal Church in Hawaii
	Case management services.	YWCA of Kauai
Maui	Case management services, inclusive of intensive case management services.	Mental Health Kokua
	Host family residential services. Includes family recruitment and training, follow-up and coordination with Clinic activities.	Mental Health Kokua
	Homeless outreach program consisting of case finding, outreach services, and C.M. services.	The Salvation Army